



State Bar of California
OSAAC Certificate
Application for Out-of-State Attorney to
Appear in an Arbitration Matter

Questions:  (415) 538-2111  osaac@calbar.ca.gov

FOR OFFICIAL USE ONLY

☐ \$50

☐ No Pmt.

File No. _____

1) Case Information

Case Name: _____

Case Number: _____

Name of arbitral forum or court: _____

2) Non-California Attorney Information

Attorney Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____ + _____

Residence Address: _____

City: _____ State: _____ Zip: _____ + _____

E-mail: _____ Fax: () - _____ Phone: () - _____

In the two years preceding the date of this form have you filed:

(1) an application to appear as counsel pro hac vice in the State of California; ☐ Yes ☐ No

(2) an OSAAC certificate pursuant to Cal. Code of Civ. Proc. §1282.4? ☐ Yes ☐ No

If you answered 'yes' to question 1 or 2 complete Section I of Attachment B- Admissions/Standing List. Include ALL OSAAC and pro hac vice appearances in California.

Complete Section II of Attachment B- Admissions/Standing List. Include all courts and jurisdictions in which you are admitted to practice.

3) California Counsel Information

Attorney Name: _____ Member # / Status:
(e.g. 'Active') _____

Office Address: _____

City: _____ State: _____ Zip: _____ + _____

Attach additional sheets if more than one attorney is serving as California Counsel of Record

4) Attachments

- ☐ Attachment A: Declaration of Out-of-State Attorney appearing in an arbitration matter. The declaration must have an original signature.
- ☐ Attachment B: Admissions/Standing List.
- ☐ Copy of initial filing to appear in this matter.
- ☐ \$50 Payment. Make check payable to the State Bar of California or attach credit card payment form.

MAIL PAYMENT TO:

The State Bar of California
Office of Certification-OSAAC
180 Howard Street
San Francisco, CA 94105-1639

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**ATTACHMENT A
ATTORNEY DECLARATION**

- (a) I am not a member of the State Bar of California.
- (b) I am currently a member in good standing of and eligible to practice law before each of the courts listed in Attachment B, section II.
- (c) I am not currently on suspension or disbarred from the practice of law in any court.
- (d) I have attached a copy of my disciplinary history, if any, to my application.
- (e) I am not a resident of the state of California.
- (f) I am not regularly employed in the State of California.
- (g) I am not regularly engaged in substantial business, professional or other activities in the State of California.
- (h) I agree to be subject to the jurisdiction of the courts of the State of California with respect to the law of the state of California governing the conduct of attorneys, to the same extent as a member of the State Bar of California.
- (i) I am aware that filing a certificate containing false information or otherwise failing to comply with the standards of professional conduct required of members of the State Bar of California will subject me to the disciplinary jurisdiction of the State Bar of California with respect to any of my acts occurring during the course of the arbitration.
- (j) I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on:

Date: _____

Print Name: _____

Signature:

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ATTACHMENT B- Admissions/Standing List**

**Section I
Previous California Appearances**

Case Number	Case Name	Court or Forum	Was Petition Granted?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Section II
Admissions List**

Date Admitted	State/Court (e.g. Ohio or USDC or 9th Circuit)	Status (e.g. 'Active')	Prior Record of Discipline <i>If 'Yes' Please Attach Details</i>	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Attach additional sheets if necessary

☐ Check here if additional sheets are attached listing details of prior record of discipline.